

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10 / 516469

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1	1				
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36		2				
37		2				
38	1					
39	1					
40	1					
41	1	2				
42	1	2				
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.			▼		▼	▼
TOTAL DEP.	◀	◀	◀	◀	◀	◀
TOTAL CLAIMS		████████		████████		████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55	1					
56		1				
57		2				
58		1				
59		1				
60		1				
61	1					
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		2				
70		1				
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		6	▼		▼	▼
TOTAL DEP.	◀	◀	◀	◀	◀	◀
TOTAL DEP.	70	◀	◀	◀	◀	◀
TOTAL CLAIMS	76	████████		████████		████████